



KELLY C. CLARK
Sheriff

NAVAJO COUNTY SHERIFF'S OFFICE

P. O. Box 668 Holbrook, Arizona 86025

"Committed to Providing Quality Services"



RECORDS RELEASE REQUEST

Under the provisions of A.R.S. § 39-121, Public Records Law, it is requested that the Navajo County Sheriff's Office provide the below indicated Department Report.

If you are the victim of a crime, NCSO will provide one free copy of the report to you (or to the immediate family member of an incapacitated or deceased victim). For the purpose of this request, immediate family member is defined as: spouse, parent, child, sibling, grandparent or legal guardian. Your request for a free copy may be denied if it is determined you are not identified as a victim in the report or are not an immediate family member of an incapacitated or deceased victim.

Any request may be denied if the report is not yet complete or if the County Attorney determines that its release may hinder the investigation or prosecution of the crime. In either of these situations, you will be provided with a written explanation. Certain information may be redacted (blacked out) as required or allowed by the law.

The fee for all reports is \$6.00 for the first 15 pages and \$.25 per page thereafter. Photos on CD and 9-1-1 tapes are \$6.00 each. Be advised that 9-1-1 tapes are only required to be kept for 3 months after initial call was made.

Please print legibly.

Date of Request _____ Report Number (DR#): _____

Type of Incident :(assault,accident,theft,etc): _____

Date of Incident: _____ Location: _____

Requestor: _____ Telephone #: _____

Address: _____

Requestor's status: ☐ Victim ☐ Immediate Family (Relationship _____)

☐ Other _____

☐ I would like report mailed ☐ I will pick up report

I understand that a report may contain information which may be sensitive or embarrassing to persons identified in the report. I understand that Navajo County assumes no responsibility or liability for the accuracy or completeness of the information contained in a report and that all use of the information is at my own risk.

*Signature _____

* DO NOT WRITE IN THIS SPACE (FOR AGENCY USE ONLY) *

Released by: _____ Date: _____

Edited Version Released/Reason: Social Security Numbers and other agency reports are routinely deleted/redacted.

Per A.R.S. § 13-4434, all victim contact and identifying information must be redacted.

Does this request require approval from County Attorney's Office? yes _____ no _____

Denied for Release/Reason: _____

Identification of Requesting Person Verified by Photo Identification / DL# _____

Fee Charged: _____ Pages Received: _____